בוורת ר	T A P ' '	i		IRABE CORRECT	LES OF BEATH				
LITER D	EC 5-	1957	SIAI	NDARD CERTIFICA				LE NUMBER	116
		Registration Dist	trict No		mary Registration Distri	et No. / 0.0	Regist	rar's No.	411
7. PLACE OF g. COUNT		snn			_ CTATE	NCE (Where deceased b.	lived. If instit COUNTY Jac	ution: Resident admis kson	
b. CITY (I OR	•	rate limits, give	TOWNSHIP or	nly) Inside Limits Yes 🏋 No 🗌	c. CITY OR			Ine de	Limits No 🗌
TOWN		S City Tin hospital, gi	ive location)		d. STREET	ansas City	le, give location)	10	on Form
HOSPIT INSTITU	AL OR ITION Gen	l Hosp. /	#1	1- day	Address &	8157 LEXINOZ	AVENU	Z Yes □	No Z
3. NAME OF (Type or pri		First	-	Middle () 	Last	4. DATE OF			Year
		Ethel		LIZABETH	Roy	DEATH			<u> 1957</u>
5. SEX FEMAL	1 1 2	DLOR OR RACE H/TE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	<i>PO 11</i> loss b	In years IF UNDE irthday) Months	R 1 YEAR IF UI Days Hour	NDER 24
	UPATION (Give I	kind of work done	10b. KIND O	F BUSINESS OR	11. BIRTHPLACE (City		• 1	IZEN OF WHAT	
AT HO	ME	_			NEOSHO	M15 184		<u> </u>	<u>. 19.</u>
130. FATHER'S N	റ		1	b. MOTHER'S MAIDEN N	N OW N	1	F HUSBAND OR W	MT 6	
		S. ARMED FORCE		SOCIAL SECURITY NO.		EDGA	Address	Υ	
(Yes, no, or unkn	wn) (If yes, give	war or dates of s	ervice)	NONE	MRS. GEORG	in JOHNS	3601	NABASY	AVEI
In. CAUSE	OF DEATH (E	nter only one cal	use per line fi	or (a), (b), and (c).)				INTERVAL I	
PAI	RT I. DEATH V		use per line fi (:		rction			ONSET AN	
PAI	RT I. DEATH V	inter only one cal WAS CAUSED BY	use per line fi (:	or (a), (b), and (c).)	rction				
PAI Com	IMMEDIA IIIIons, if any, h gave rise to	inter only one cal WAS CAUSED BY	use per line fi (:	or (a), (b), and (c).)	rction	·			
PAI Comwhite	IMMEDIA Iltions, if any, h gave rise to e cause (a), ng the under-	nter only one cal WAS CAUSED BY TE CAUSE (a) _ DUE TO (b) _	use per line fi (:	or (a), (b), and (c).)	rction				
Comwhice above state lying	IMMEDIA Iltions, if any, h gave rise to e cause (a), ng the under- cause last,	nter only one cou WAS CAUSED BY TE CAUSE (a) _ DUE TO (b) _	use per line fi	or (a), (b), and (c).) cardial infa	rction	disease condition given	in PART I (e)	U 3.0 19. WAS A PERF	UTOPSY ORMED?
Conwhite above state lying	IMMEDIA Illions, if any, h gave rise to e cause (a), ng the under- cause lost, T II. OTHER SIG	nter only one cou WAS CAUSED BY TE CAUSE (a) _ DUE TO (b) _	USE PET line for MY OC	or (a), (b), and (c).) Cardial infa			3	19. WAS A PERF	UTOPSY ORMED?
Comwhite above state lyini PAR	IMMEDIA Illions, if any, h gave rise to e cause (a), ng the under- cause lost, T II. OTHER SIG	nter only one con WAS CAUSED BY TE CAUSE (a) DUE TO (b) DUE TO (c)	USE PET line for MY OC	or (a), (b), and (c).) Cardial infa	not related to the terminal		3	19. WAS A PERF	UTOPSY ORMED?
Comwhite above start lying PAR	Illions, if any, h gave rise to e cause (a), ng the under, cause lost. TII. OTHER SIG	nter only one country one coun	USE PET line for MY OC	or (a), (b), and (c).) Cardial infa	not related to the terminal		3	19. WAS A PERF	
Committee of the commit	Illions, if any, h gave rise to e cause (a), ng the under j cause last. T II. OTHER SIG	DUE TO (c) DUE TO (c) DUE TO (c) DIE HOMICIDE DOMN, Year	MYOC ITIONS CONTE	or (a), (b), and (c).) Cardial infa RIBUTING TO DEATH but RIBE HOW INJURY OCC	not related to the terminal	of injury in PART I or	3	19. WAS A PERF	UTOPSY ORMED?
PAI Comwhite above state lyin lyin lyin 20g. ACCID 20g. ACCID 20g. TIME (INJUR WHILE AT WORK	Illions, if any, h gave rise to e cause (a), ng the under cause last, till. OTHER SIG	DUE TO (c) DUE TO (c) DUE TO (c) DUE TO (c) DIFFICANT CONDITION HOMICIDE DOINTH, Day, Year Nove	MYOC ITIONS CONTR 20b. DESCI	or (a), (b), and (c).) cardial infa RIBUTING TO DEATH but RIBE HOW INJURY OCC JRY (e.g., in ar about hom eet, office bldg., etc.)	not related to the terminal CURRED. (Enter nature te., 20f. CITY, TOWN, Co., 20f. 213, 1957 and	of injury in PART I or	r PART II of ited	19. WAS A PERFIYES 18.)	UTOPSY ORMED? NO [X
PAI Comments white above state lyin lyin PAR 20a. ACCID 20c. TIME (INJUR WHILE AT WORK 21. I attend	Illions, if any, h gave rise to e cause (a), ng the under, cause last. T II. OTHER SIG	DUE TO (c) DUE TO (c) DUE TO (c) DUE TO (c) DIFFICANT CONDITION HOMICIDE DOINTH, Day, Year Nove	MYOC ITIONS CONTR 20b. DESCI	OR (a), (b), and (c).) Cardial infa RIBUTING TO DEATH but RIBE HOW INJURY OCC JRY (e.g., in ar about hom eet, office bldg., etc.) 57 , to NOV	not related to the terminal CURRED. (Enter nature see, 20f. CITY, TOWN, Company of the date stated above; and the date	of injury in PART I or	r PART II of ited	ONSET AND 19. WAS A PERFORM TES. The courses state	UTOPSY ORMED? NO []
PAI Comwhite above start lyin PAR 20a. ACCID 20a. ACCID 20a. TIME (INJUR 20d. INJUR WHILE AT WORK 21. I attend	Illions, if any, h gave rise to e cause (a), ng the under, cause last. TII. OTHER SIG	DUE TO (b) DUE TO (c) DUE TO (c) DUE TO (c) DIFFICANT CONDITION TO THE CONDITION OF THE CON	MYOC ITIONS CONTR 20b. DESCI	OR (a), (b), and (c).) Cardial infa RIBUTING TO DEATH but RIBE HOW INJURY OCCU JRY (e.g., in or about hom eet, office bldg., etc.)	not related to the terminal CURRED. (Enter nature let, 20f. CITY, TOWN, Company), and the date stated above; and 22b. ADDRESS	of injury in PART I or OR LOCATION d last saw her slive or d to the best of my kn	r PART II of ited	19. WAS A PERFIYES 18.)	UTOPS) ORMED NO []
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is	recorded on the reverse side of this certificate was embalme
·	, Student Embalmer No.
working under my personal supervision.	
Student	Signed Basil Honey
Signature of Student Embalmer	Licensed Embalmer No 472 4
	P. O. Address V.C. Mr.

Note: The above MUST BE SIGNÉD BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.